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INTRODUCTION

The vicissitudes of fundamental change

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This collection of essays – the bulk of them published after 2000, the rest in the 1990s – testifies to a flourishing and intellectually robust field of study. But it also bears witness to the fact that the history of medicine is not what it used to be. Today it is perhaps most remarkable as an interdisciplinary melting pot. Uniquely among branches of history it has become a place where the natural sciences meet with the human sciences: where bioscience mingles with anthropology, literary theory, philosophy, linguistics, science studies, museology, art, aesthetics, architecture, human geography, ethics and economics. It is both observer and participant in current discussions over the possibilities, limits and politics of biological life and biopower, and on the dissolution of the very distinction between the natural and the human sciences and man and animal.[1] Further, the history of medicine is unique in being concerned beyond academic discourse and theory with real people in sickness and health. It is therefore unusually revelatory on the three crucial problems upon which contemporary historiography has come to turn: human agency, power and experience (the latter epitomised in the history of medicine through notions of pain and suffering).

However, precisely because it now involves different and dispersed intellectual communities operating often from different epistemic registers, the field as a whole is difficult to make sense of. It is easy to characterise it simply as a hodgepodge of anything and everything corporeal, pychological, and cultural.Where once it was largely the study of the history of the medical profession and its institutions, now increasingly it includes virtually everything ever conceived as having to do with bodies in sickness and health – materially, visually and conceptually, and from literary and anthropological perspectives as much as historical. Its study has given way to non-Western medicine, as well as Western medicine in non-Western places, as in colonial and postcolonial contexts. Thus, its 'meaning', for its practitioners at least, tends to come down only to a celebration of diversity, pluralism or 'of widely disparate historical endeavours', as the editors of one recent collection of essays on the historiography of medicine submit.[2] For those on the outside of the field this lack of disciplinarity hardly matters; indeed, it is an absence increasingly to be wished for in our fluid, inter- and transdisciplinary times. Unlike most historians of medicine who appreciate but don't understand why their subject has become

sexy, those on the outside understand its sexiness only too well in its connection with some of the central concerns of postmodern and post-postmodern thought: the body, the brain, sex, the emotions, and the experiences of suffering, disability and death.

One way to regard the field today is not to see it as the outcome of some plotless assemblage, but rather as reflecting the latest conditions for its writing in a long history of such changing conditions. As cultural historian Peter Burke has remarked of writing history in the postmodern age, 'every generation has to re-write history, not because the past has changed, even if there is a little more of it than before, but essentially because the present is changing, and with it the assumptions and the needs of readers [and writers] of history'.[3] History writing, in other words, offers orientation to and interpretation of the present, and its topics, concerns and methodologies are inevitably contemporary and ever changing. Like any descriptive or analytical practice, its practitioners wittingly or unwittingly deploy the current stock of knowledge about what the natural and social is like and in so doing mediate the 'real world' of politics, ideology and economics. But the rewriting of history is never done from scratch; it is never drawn on an entirely new empty canvas. Always it builds upon and continues older traditions of history writing. The latest conditions for writing the history of medicine are not, therefore, simply those of the present, but are also those integrated with ongoing traditions and mergers between the methodologically old and the new in history writing.

To understand the place and meaning of the history of medicine today, we have to make historical sense of these changing alliances and affiliations. In part this can be done by taking stock of the enormous changes over the past 25 years or so in the ways in which biomedicine, therapeutics and health policy has come to be practiced in relation to changing sociocultural, political and economic environments. 'As health and social policy are reshaped in response to new understandings', historian of medicine Elizabeth Fee has observed, 'so too must their history be revised to reflect a changing universe of meaning'.[4] The essays in these volumes reveal that historians of medicine, even those who work on the ancient and early modern periods, have responded to such challenges, although less through explicit methodological reflection than through the questions they ask and the topics they choose to elaborate.

More importantly, however, an understanding of the writing of medical history requires transcending the subfield itself, to trace the theoretical and methodological changes in history writing in general. In many ways the history of medicine has been and continues to be a seismograph to these wider changes. In particular, two broad shifts need elaborating here: that from socioeconomic history to the new sociocultural history, and that (via the 'linguistic', 'cultural' and 'somatic' turns) from the sociocultural to the 'postsocial', where the discipline of history as a whole now appears to stand (or be stuck).[5] In the discussion that follows we will refer predominantly to developments in Anglo-American history, where these changes first transpired and where they found deposit in the English language literature gathered for this collection of readings.

The making of the new social and cultural history of medicine

It is now some four decades since the history of medicine moved from being a subdiscipline of medicine to a subdiscipline of history. Although this was not a complete transformation nor experienced everywhere uniformly,[6] it effectively widened the subject's disciplinary grasp and hence greatly broadened its range of interests. This was especially so in Britain and America where, in history departments in general in the 1960s, the move was overwhelmingly in the direction of a 'new' social history.[7] The repositioning was intended to overcome the paralysis that had overtaken the social history of the 1950/60s through its dependence on an overly deterministic Marxist orthodoxy focused on the structuralist analysis of the economic forces and material relations of production. Instead, the 'new' social history reflecting new political imperatives, adopted an approach that downplayed structural and materialist elements in favour of human 'agency' and individual and collective 'experience'.[8] People, particularly those from 'below' who were perceived as docile by those in power or those in possession of the forces of production, were no longer trapped in the invisible claws of production processes. Instead, they were regarded as capable of making their own history.

On both sides of the Atlantic, Edward Palmer Thompson's *The Making of the English Working Class* (1963) became *the* model for how this new kind of social history could be written. *The Making* sought to transform the hitherto faceless victims of remote economic modes of production into the bearers of individual experience: men and women acting within traditions, customs, values and morals and capable of empowering themselves through the making and remaking of their own identities. 'The working class made itself as much as it was made', the book proclaimed[9] (instancing the then strong belief in the West that individuals could change the world, combined with political disillusionment at the lived reality of Marxism in the Soviet Union particularly after the Soviet invasion of Hungary in 1956). Ever after, the history of peoples was to be seen as more than about modes of production and structures. People were no longer simply raw human material and blank minds to be imposed upon; they were (or had *the potential to become*) the masters of their own destiny. Thompson famously struck out against the 'condescensions of posterity', both those contained in histories written by and for elites (history's traditional winners) and those contained in economistic scripts that denied individual and collective experience. British and American social historians enthusiastically followed his lead, incorporating the viewpoints of subaltern social groups that hitherto had been largely excluded from mainstream versions of history: labourers, women and children, the urban poor, and particularly for America, African-Americans.

The social history of medicine that came to be written in the 1960s and 1970s was cast entirely within this revisionist theoretical model. Turning away from what its practitioners purported as self-aggrandising histories written by and for those in power in the medical profession, it embraced instead the experiences of the poor, women, the mad, alternative healers and other hitherto excluded social groups. Above

all, the 'new' social history of medicine (although in truth there wasn't much of an 'old' one) asserted the experience and agency of 'the patient' as 'an essential part' of its brief.[10] Hitherto, the experience of patients and their attitudes towards health and sickness had been largely irrelevant. Conventionally the history of medicine was not about patients, male or female, but about the doctors who exercised power over them. This historical convention, it eventually came to be seen, was no accident: hand-in-hand with the rise of modern Western biomedicine came the silencing of the patient's voice, a process that was accelerated through industrial capitalism during the nineteenth century.

Most influential in explaining how the patient's experience had *disappeared* from medical cosmology was an article of 1976 by sociologist Nikolas Jewson.[11] Highly critical of the biomedicine of its time, the power it held over Western society and the high status of its official representatives, Jewson described how patients' voices since the eighteenth century had been increasingly muted in the medical encounter – 'robbed' of their holistic experience of sickness and made merely 'objects' of scientific observation. While Jewson's thinking on power relationships, human agency and historical change remained well within Marxist structuralism (he understood the production of medical knowledge as operating along the lines laid out by the then influential French Marxist philosopher Louis Althusser), his linking of the production of biomedical knowledge to medical power – and his revealing how that in turn shaped the patient–doctor relationship – was to prove compelling for the growing crowd of 'new' social historians of medicine. Indeed, the new social historians of medicine increasingly saw their job as not just that of focussing on issues of exploitation, domination and oppression in the medical domain, but of eliciting the existing patterns of domination in which the 'sick man' and 'sick woman' had been made 'natural' or 'inevitable'. The aim was to restore agency to this group that had for too long been regarded as passive recipients of medical change. Jewson's imagined patient who had disappeared became the hero of what the new social historians of medicine sought to resurrect.

As this suggests, the aims and objectives of the fledgling subdiscipline in the 1970s were far from purely academic. In Britain its practitioners saw themselves as contributing to the social politics of 'new left', and in the USA contributing more or less to the general countercultural movement. Succour was drawn from the groundswell of popular opinion critical of doctor-driven technocratic medicine, the channeling of which was the great achievement of Ivan Illich's powerful and hugely influential *Limits to Medicine* (1976), an expanded version of his *Medical Nemesis, The Expropriation of Health* published in 1974. Illich's polemic rested, in turn, on the mounting evidence of perceived naked abuses of medical power and its seizures of social control, as well as evidence of the profession's inherent racism, sexism and paternalism. 'Medicalisation' – the process by which nonmedical *human* conditions and problems (being gay, or having a liking for alcohol, for example) come to be defined and treated as *biological* conditions, and thus turned into subjects of medical study – became the catchword of the day.[12]

Scandals, such as Tuskegee, which broke in 1972, helped to fan the flames of animosity directed at the medical establishment and its power of discrimination. The criminal investigation into Tuskegee exposed how members of the poverty-stricken black population in Macon County, Alabama, who were suffering from syphilis, had unknowingly been made the subjects of the world's largest nontherapeutic trial (1932–1972) – the subjects having not been given penicillin long after its efficacy had been proven in the early 1940s.[13] But it was not only in the USA that such scandals compelled the then fast-growing civil rights movement to join forces with campaigns against orthodox medicine. In Europe, too, civil rights and countercultural movements came together around the same target, the antipsychiatry movement being among the most prominent.[14] At the same time, women began criticising the medical establishment as a part of their feminist liberation movement; *Our Bodies Ourselves*, first published in 1973 by the Boston Women's Collective, became the landmark text repulsing doctors' power over women's bodies.[15] The combined effect of all this was to render medicine no longer capable of being portrayed as the outcome of a simple progress story or the triumph of a liberal and ethical corporate profession of male physicians, as the doctor-driven history of medicine had purported. Rather, contrary to the profession's interest, medicine came to be perceived as integral to the political and cultural establishment – as, in fact, a powerful tool for individual and collective oppression.

But what was soon drawn into question as a result of these exercises in medical critique and activism were the sociological models in which the doctor was assumed to be in total control over the medical encounter and in which the patient was reduced to the role of a passive victim of diagnostic and therapeutic decisions. The patient, as in Jewson's argument, began to seem black-boxed with his or her own 'experience' remaining silent and subordinate to that of the doctor. Activists and scholars now insisted that the sick be allowed to bring their own thoughts, feelings, experiences and sense-making practices to the medical encounter. As a consequence, sociological models that favoured abstract structural concepts of social roles, norms and institutions gradually became outdated.[16] Historians of medicine (among others) began to turn to anthropology for methodological guidance on how to unlock 'the sufferers' story' so as to enable it to tell its allegedly unique medical experience/encounter. Particularly influential was the 'patient explanatory model' articulated in the late 1970s and early 1980s by American social anthropologist and psychiatrist Arthur Kleinman. This was based on Kleinman's ethnographic fieldwork in Taipei, but it also drew on cross-cultural examples in order to focus on the relationship between cultural contexts and healing practices more generally.[17] A similar model was pursued in the fieldwork of Canadian anthropologist Margaret Lock, culminating in her germinal monograph, *East Asian Medicine in Urban Japan* (1980), focussed on the relationship between 'magico-religious' systems and health care – a work as notable for its meticulous historical research as its in-depth ethnography.

This 'anthropological turn' also ignited interest in the relations between medicine and colonialism. Studies began to focus on the indigenous experience of

illness, as well as on the continuity and resilience of indigenous cultures. Particularly in Britain, 'subaltern studies' became a powerful way of criticising and rewriting the traditional history of British colonialism, including the medicine that was integral to it.[18] At the same time, in the 1970s, the work of symbolic anthropologists Mary Douglas and Clifford Geertz began to reshape history more generally. (Among medical historians, Douglas and Geertz were particularly influential on those interested in the early modern period who needed to make sense of medical worlds radically different from the modern biomedical one and its institutions.) Symbolic anthropology drew attention to the role of cultural symbols such as rituals in constructing 'meaning' in societies and focussed on language and semiotic understanding of culture. It allowed historians of all sorts to recreate medical experiences of the past through a thorough investigation of the symbolic dimension of health and disease in specific locations (a process termed 'thick description' by Geertz), although as a methodological approach it worked best in narrowly defined historical geographic settings.[19]

The slow turn from description of medicine and its social structures to the investigation of medical 'culture' and its meanings also brought in its wake a reappreciation of the power of historical narrative, something in which sociological approaches had expressed no interest. E. P. Thompson was among those in general history who embraced this move away from the analytical and quantitative. Others such as mircohistorian Carlo Ginzburg and Americans Natalie Zemon Davis and Robert Darnton became famous for their imaginative use of anthropological methodologies as much as for their literary skills and reflections on the historian's role in the production of history as a product of literature.[20] Although such works should not be seen primarily as defences of history writing, they reflect a concern with what was fast becoming central to historical debate, namely the question whether history was a form of art or a 'science' (understood in the English-speaking world as being based on empirically gained certainty). A central player in this debate in the Anglo-American world was literary critic Hayden White. His much-discussed *Metahistory* (1973) challenged the view embraced by most historians unthinkingly that history operates in a manifestly different mode from literature.[21] This view was to be stridently defended by historians over the next decade, particularly as it melded with yet another threat to historical understanding emanating from those with interests in language and literature, the 'semantic turn'.[22]

Better known as 'linguistic turn', the semantic turn centred on the question of whether language was a 'transparent medium' to grasp and to communicate reality past or present. We will investigate its impact on the history of medicine below; it is only necessary to say here that its most powerful suggestion – that all reality (including the 'truths' produced by the medical sciences) is relative because of its dependence on language – began to concern some historians of medicine in the early 1980s. But at that point it did not organise their narratives nor cause them to rethink them, *while the reaction to it did.* A telling example of this phenomenon lies in the work of late Roy Porter, whose powerful prose and almost superhuman productivity catapulted the history of medicine in Britain to the centre of international

academic attention in the late 1970s and early 1980s. We want to focus on his work here – not to isolate criticism of it but to bring out its exemplary features for the history of medicine as a whole – and reveal them as historically contingent or as a part and parcel of, their time and place. Later, to the same end, we will focus on the American doyen of the field, Charles Rosenberg.

In the mode of E. P. Thompson, Porter rescripted the history of medicine as 'cultural history' in which he reserved a strong place for narrative. A landmark article of 1985, 'The Patient's View: Doing Medical History from Below', which appeared in the journal *History and Theory*, is a good example not only of his mastery of style and story telling but also of how older methodologies, theories and interpretations continue to persist at the same time as there occurs the appropriation and incorporation of new ideas – in this case those of the upcoming agenda of the (nonlinguistically turned) 'new' cultural history.[23] Instanced through the article is how new and old perspectives in history writing can happily and harmoniously co-habit, older positions continuing to exist and remain a part of the historian's disciplinary outfit while simultaneously new positions are adopted. But at the same time, the article demonstrates the resistance to engage with the new agenda of poststructuralist scholars working within the remit of the linguistic turn. Ironically, this persistance supplied unwitting commitment to postmodernism's underlying politics.

In 'The Patient's View', Porter reflects on recent methodological developments. He criticises social historians of medicine for not having done enough to take up the 'sufferers' or 'patients' tale as suggested by Jewson and others almost a decade earlier. 'Critical turns' or fondness for 'theory', he submits, led them away from the paths of empiricism: the notion of the 'patient' has not only been used merely to criticise doctors and demonstrate their destructive social powers but as the basis for constructing ever more *theoretical* models to explain such suppressive action and underline the powerlessness of the patient. In the face of a virtual 'terra incognita' on the world of the sick and the place of illness in everyday life in the past, Porter called for less theory and more archival and literary empiricism. In his view, more archival 'stuff' needed to be unearthed before a useful 'theory' could be formulated that would 'truthfully' reflect the experiences of sufferers in the past. In the article he provides a compelling selection of voices from the seventeenth and eighteenth centuries that demonstrate how concerns about illness and health preoccupied the minds and daily activities of English contemporaries, such as those of naval administrator and member of parliament Samuel Peyps and scholar John Evelyn.

The 'theory' of which Porter was most suspicious and saw as blanketing the patient under convoluted assumptions was poststructuralism, which was then just beginning to capture the imagination of scholars. Under the guise of arguing the need for an empirical balance among the 'temptation of turning the idylls of the sick into one long bellyache,' sentimentalising 'victimhood as if suffering were beautiful' and offering up 'a Rousseauian version of pastoral', Porter chastised a recent volume dedicated to examining the social construction of medicine.[24] But his effort to deliver a blow to early adaptations of poststructural linguistic theory, such as those of Michel

Foucault and Jacques Derrida, as well as to the emerging epistemological history of scientific knowledge which was heavily reliant on Foucault,[25] backfired. Indirectly, it served just the opposite end. Like many other British historians who came from leftist political positions, Porter considered postmodernism morally irresponsible because it seemed inherently *a*political, being neither visibly on the left or the right.[26] It was not then possible to see that the agenda of postmodernism – its very language and concepts – was strikingly similar with, and conducive to, emerging neoliberal economic ideas on the individual and society.[27] At the time of the publication of Porter's article, the impact of these neoliberal ideals and practices was only beginning to become apparent in the UK. But unbeknown to Porter, his story mediated their promotion. Porter's patients, on the one hand unhindered by any notion of their place in 'productive relations', are on the other imbued with the freedom of choice. They largely manage their health on their own: they 'shop around' for treatment and advice, and the intervention of doctors is only one weapon in their therapeutic arsenal, often the last of their choices. Porter's article thus reflects the influence of an emerging history of consumerism (a subject on which, as an eighteenth-century historian, he was in fact an early contributor)[28] and points to the 'medical marketplace', a neoliberal concept that would gain primacy in the writing of the history of medicine in the late 1980s and 1990s.[29] What is most interesting about histories of the medical marketplace is their celebration of consumerism and personal choice – the concept of 'choice' increasingly rivalling the idea of 'rights' celebrated in the 1970s. For Porter, consumerism and personal choice were positive developments that would lead to patient emancipation and empowerment.

One can understand Porter's attraction to the idea of the self-serving 'consumer' patient. After all, his article was written at a time when patient activism cum radical self-help medicine was in everybody's face in the West as a result of the AIDS epidemic. For the treatment of AIDS, medicine could offer no magic bullet, and little support for sufferers was to be had from state institutions. UK Prime Minister Margaret Thatcher and US President Ronald Reagan initially tried to ignore the epidemic and did nothing to abet the resurrection of old plague stereotypes and the homophobic victimisation of sufferers.[30] It was in the face of this inertia and victimisation that self-help organisations arose, such as the Terrence Higgins Trust in Britain and 'Act Up' in the USA. But while these formations appeared on the face of it hostile to neoconservative governments, they in fact served their neoliberal ideology of 'limited government', deregulation and privatisation – not least with respect to the pharmaceutical industry and public health services. Almost like in the early modern era, which Porter describes in his article, it could seem that the sick were once again 'free' from the tyranny of doctors and able to shape their own medical destiny. Thus, far from producing 'objective' and theory-free empirical accounts of the patients' past, Porter (although he makes no mention of AIDS in his article) can be seen as having projected the idea of the 'activist' and 'consumer patient' of his time back into the past. Typically, this is how historians unwittingly reproduce the present. For Porter, it was a present that was at the beginning of the end of state health care systems, but was also one of emancipatory hope.

The subsequent construction of patient-as-activist-and-consumer played powerfully to the identity politics of the 1990s, and vice versa. That is, it played to the ever-increasing proliferation of groups identifying not with society and politics as a whole but, first and foremost, with the identities presented to them in terms of race, class, gender, ethnicity, disability, sexual orientation, etc. (all, arguably, market-made or at least ideologically conducive to a neoliberal market mediated world). In history writing these developments were strongly supported by the steady adoption of one of the most powerful ideas of the linguistic turn (resisted by Porter), namely that human experience, including that of the body, could not be truthfully reconstructed. Human experiences were mere 'representations' of language that underwent constant historical change. The effect of this idea on the history of medicine in the 1990s we need to investigate. Before we do so, however, we need to acknowledge that Roy Porter's writings on the experience of health and disease in the past, which we have used here to exemplify an important tradition in the UK since the 1980s, were never the only show in town in the English-speaking world. In the USA a somewhat different set of circumstances resulted in a history of medicine that was nuanced differently.

One material difference in the USA was that there was no single funding body driving the field forward as there was in the UK through the Wellcome Trust. The Wellcome Trust encouraged not only bright young scholars into the field but also scholars who were outside the medical profession and not necessarily committed to its progress stories. In the USA, the field was still mostly the preserve of MDs or PhDs working in medical schools. Another difference was that American historians of medicine, besides focussing mainly on physicians and clinical practice, continued a long tradition of engagement with the history of public health – a perhaps not astonishing pursuit in a country that lacked a state-run health service. Finally, and not least important, there was the guiding hand of those who actually seeded the field in the USA: the medically trained historians of medicine who had studied under Karl Sudhoff (1853–1938) in Leipzig (the first ever professor for the history of medicine) and who transported German historicist ideas to America.[31] The émigrés regarded their subject as fundamentally intellectual; understood scientific truth as historical and therefore subject to change; were open to philosophy, anthropology and sociology; were more or less politically minded (or became so as they fled Nazi Germany); and were deeply committed to 'lighting up the past in ways fruitful for the present'.[32] Prominent among them was Henry Sigerist (1891–1957), who, having succeeded Sudhoff as director of the Institute for the History of Medicine at Leipzig, accepted an invitation from the medical school at John Hopkins University in Baltimore in 1932 to establish a similar institute there. Increasingly politicised, Sigerist became committed to a Soviet-like socialist medical future for America.[33]

American historians of medicine Susan Reverby and David Rosner, reflecting on the passions that drove their new social history agenda of the 1970s and early 1980s, recalled that they were strongly – if unwittingly – influenced by Sigerist's socialist-inspired agenda, which aimed at stirring up people and driving them to action.[34] This fitted well with the 1960s and 1970s' agenda of young American

historians of medicine, many of whom were 'at war' with their government over Vietnam. Like their British counterparts, they were suspicious of elites in general and medical elites in particular, but in the USA in the absence of a national health service, their activism was directed to fighting for community-led health services (e.g. women's health) against doctor-driven medicalising ones. Scandals such as Tuskegee mentioned above helped to fuel the critique of the medical establishment *as well as* a history of medicine that continued to focus on physicians and clinical practice and was still deeply suspicious of scholars who did not hold a medical degree. Here was a tension that was largely absent in the UK. Inasmuch as it was embodied in the person who was to emerge as the doyen of the new social and cultural history of medicine in the USA, it was to prove highly productive.

Charles Rosenberg was one of the first American historians of medicine who did not have a medical degree. His particular interest lay in the history of disease, a concern that can be traced back to his teachers and mentors – German Marxist physician and historian Erwin Ackerknecht (1906–1988) who had emigrated to Wisconsin, and Oswei Temkin (1902–2002), Sigerist's second-in-command in Leipzig and Baltimore who carried over to America the intellectual history of disease.[35] Rosenberg was keen to find answers to the question 'what is disease?' and he tried to resurrect the disease experiences of the past. In the early 1960s he published a much-acclaimed history of nineteenth-century cholera in which he investigated the relationship between the understanding of disease and its social environment.[36] Subsequently, he worked on the history of various epidemics. Here we want to focus on one of his most influential publications in order to demonstrate differences as well as similarities to Porter's approach.

'Disease in History: Frames and Framers' was first published in 1989 in the *Milbank Quarterly,* a journal directed to public health officials. It was then reworked, and the concept of 'framing disease' elaborated in a volume that Rosenberg co-edited with Janet Golden, *Framing Disease: Studies in Cultural History* (1992). The tenor of this collection of essays, which was published in the middle of the AIDS epidemic, was that 'in our culture a disease does not exist as a social phenomenon . . . until it is named'.[37] In other words, diseases are products of sociocultural convention. Through this linguistic claim, Rosenberg's concept of framing moved close to a hotly debated question at the time, namely whether scientific knowledge (like all other knowledge, and indeed 'reality' itself) was socioculturally constructed. That it was had been well established through the sociology of scientific knowledge in its emergence since the publication of Thomas Kuhn's *The Structure of Scientific Revolutions* (1962).[38] With reference to medicine and the naming of disease, it had been confirmed as early as 1935 in Ludwik Fleck's *Genesis and Development of a Scientific Fact* – the book that in fact inspired Kuhn, although it was not until the 1980s that it was rediscovered by historians of science, and the 1990s by historians of medicine.[39] But it was not only the sociology of scientific knowledge in the 1970s and 1980s that forwarded the idea that the truths of science and medicine are relative to the context of their production. Historians of science contributed as well; indeed, it was they who went so far as to

establish that scientific objectivity and its alleged basis – experimentalism – were themselves sociopolitical inventions.[40] Also, since the 1970s in Britain at least, a strong neo-Marxist tradition in the history of science had insisted that 'science *is* its social relations' – specifically that under capitalism scientific knowledge was constitutive of the hierarchical and unequal social relations embedded in the dichotomous positivist structuring of science/society, fact/value, nature/nurture and Truth/ideology.[41] Both positions, the sociological and the neo-Marxian historical, which overlapped and intertwined, contributed to a focussing away from professionalisation and social structures (as in an older sociology of science) towards the study of the production, circulation and consumption of natural knowledge. It is worth noting, incidentally, that this interest in knowledge and the history of thought distanced the history of science from general history, where the rise of socioeconomic history and, in the early 1970s, sociocultural history dethroned intellectual history, branding it 'idealist and elitist, oblivious to broader social, cultural, economic, and political currents'.[42]

What is significant for our purpose here is that, despite the spread of social constructivist ideas by the 1990s, Rosenberg's concept of 'framing' *did not engage with them.* It is striking how he, along with most of the contributors to *Framing Disease*, shied away from extending his claim for the social construction of disease to the biological entity of disease.[43] Left unexplored, therefore, was how disease itself, in its biological cultivation and glorification, was culturally constructed. Rosenberg, for all his confessing to sociocultural influences in the shaping of disease understanding, remained a biological essentialist. This deliberately so, since to confess to the social construction of the biological artefact of disease perhaps would have been to acknowledge that it is historically malleable and unstable and, hence, that there is little to be learned from its historical study other than the banality that diseases differ over time in their reception. Rosenberg's idea of 'framing' was in fact a gloss on his belief in the underlying immutable biological reality of disease, whatever its name.[44] In this, he links to the intellectual history of ideas of disease, a la Temkin, combined with anthropological concepts drawn from Kleinman, including the latter's distinction between 'illness' (the experience) and 'disease' (the biological entity understood by medicine). It reflects, too, American culture's understanding of the experience of disease of the 1980s, which had been hotly debated in the wake of Susan Sontag's famous *Illness as Metaphor* (1977) and its sequel *AIDS and its Metaphors* (1989), both of which also maintained (and therefore encouraged) the positivist distinction between illness and disease.

Charles Rosenberg and Roy Porter had different takes on what the history of medicine should be, and what topics it should focus on. However, they both exemplify the turn away from 'society' to 'culture' as *the* central category of historical reference. This move in the history of medicine in the 1980s and 1990s connected with other changes in general history writing at the time, which mirrored the increasing disenchantment with materialist and sociological explanations of human agency and experience. As we have indicated, in the classical materialist paradigm of social

history the concept of experience involved the existence of a social structure that imposes its meaning on subjects. The experience of being a patient, to recall Jewson's materialist line of argument, was thought to be directly shaped by the material conditions in which patients find themselves. For the new breed of Anglo-American sociocultural historians writing in the wake of E. P. Thompson, however, the concept of 'experience' changed its meaning. It was no longer simply the outcome of social circumstances or forces of production imprinting themselves more or less directly onto the minds and consciousness of individuals. Instead, it was believed the result of an active process of sense making of the world: 'not a passive reception of the world, but a subjectively recreated picture of it', with experience being the 'result of deciphering the meanings of such a world in terms of the cultural devices historically available to the people'.[45]

Porter and Rosenberg further illustrate the general resistance to social constructivism among many of the historians of medicine who made the move to an anthropological and semiotic understanding of 'culture' during the 1980s and early 1990s. They held on to the idea inherent to the social history of medicine that social and biological 'reality' exists and that it defines what people experience in situations of sickness or health. They never stopped taking for granted that biology, society and the individual are the primary and essentialist components of historical processes and that, as a consequence, the explanation for 'experience' and 'human action' lies exclusively in the relations between them. Porter, out of disdain both for doctor-driven history and the imposition onto the past of lofty sociological models and postmodern theory, decried the distortion of the reality of the past experiences. The antidote he proposed was a return to the empirical 'truths' of the archive. He encouraged fellow historians 'to hack our way into the empirical forests of the past in all their strangeness and diversity' in order to unearth the correct 'reality' of the sufferers' medical experiences in the past[46] – a past that was, according to his history from below, largely directed by the sufferers' agency and choice. In Rosenberg's influential concept of 'framing', the biological identity of disease remained more or less untouched; 'framed', rather, was how societal and cultural structures, traditions, values and morals 'reacted' to, and 'interacted with', biological threats. In both models the sociocultural base or biological entity may be seen to no longer crudely determine medical practices, yet it continues to establish the conditions for their possibility. The sick were now free to invent, choose, think and act, but only within the limits of these conditions and in accordance with the resources that their social position provided and biology allowed. The parameters of the latter were to be established by the investigating historian. Culture for Porter and Rosenberg has infinite freedom to generate, but it is a freedom that is constrained by historically specific social conditions and biological *realities*.

Porter and Rosenberg were also typical of most of the new sociocultural historians of medicine of the 1970s and 1980s in that their enthusiasm for the experience of sickness and disease in the past *excluded* reflection on their own positions in the construction of their historical narratives, something against which literary critic Hayden White had argued since the 1970s. Both Rosenberg and Porter, for

different political reasons, firmly believed in the possibility of an objective relationship between the present and the past in which the historian's own experiences did not enter. However, Porter and Rosenberg's views – despite being accepted by many historians of medicine – began to look rather conservative within the wider field of history writing in the late 1980s and 1990s. What then unfolded was something that had been in the making since the 1960s, but which only fully expressed itself in Anglo-American historiography at the beginning of the 1990s, namely the critique of the concept of 'experience'.

'Experience' and the 'linguistic turn' in the history of medicine

We have seen that the turn to experience in 1970s' history writing had much to do with the turn away from sociology and toward symbolic anthropology and its semiotic reading ('thick description') of culture. However, the 'reign of experience' did not remain unchallenged. Only a decade later, the symbolic anthropological exhortation to recover and record 'lived' experience was losing ground among anthropologists as well as historians who had turned to it for methodological inspiration. Emblematic of the crisis of confidence in the epistemological power of structural methodologies to regain experience was the work of intellectual historian James Clifford. In his *Predicament of Culture* (1988), he questioned what he described as 'the cult of experience' and warned against its uncritical use:

> Like 'intuition,' it is something that one does or does not have, and its invocation often smacks of mystification. Nevertheless, one should resist the temptation to translate all meaningful experience into interpretation. If the two are reciprocally related, they are not identical. It makes sense to hold them apart, if only because appeals to experience often act as validations for ethnographic authority.[47]

Intellectual historian Martin Jay has demonstrated that this debunking of the authority of 'experience' was related to the wider acceptance of the central claims of the 'linguistic turn' by the late 1980s – by then a catch-all phrase for divergent critiques of established historical paradigms and narratives, some of which we have already mentioned.[48] In fact the challenge to the authority of 'experience' goes back to the beginning of the twentieth century in linguistic theories by structural linguists such as Ferdinand de Saussure and philosopher of language Ludwig Wittgenstein. Their ideas enjoyed a revival after World War II and influenced diverse intellectual movements, most importantly structuralism (since the 1950s/1960s) and poststructuralism and desconstructivism (since the 1970s, referring to the analysis of discourse), first in Europe and then in the USA.[49] It is beyond the scope of this Introduction to go into detail; it is enough to say that the most fundamental characteristic of these theories was their focus on language and its role in shaping human thought and action. Language, understood as a closed

and almost arbitrarily created system of signs that gained meaning through its opposition (no sign in itself is meaningful, Saussure had argued), was seen *not* as a transparent medium of thought. This was not to deny the existence of reality in and of itself, only that 'reality' cannot be perceived by humans outside of their self-created sign system.

Such thinking had grave consequences for the understanding of knowledge production, at the root of which always stands language. Semiotic logic implied that signs are but building blocks in the construction of what humans believe 'reality' to be. Because signs are always culturally determined and historically transient, they cannot reconstruct what reality 'really' is; they can only 'represent' it. While these insights were interpreted differently by postmodernist thinkers, shared was the assumption that language 'constitutes' reality and all that scholars can do is reconstruct its ever-changing 'meaning'.

In history writing this had serious consequences for the understanding of experience – not only that of the historical subjects in the past but also that of the authority that historians assumed over their reconstructions of the past. Structuralist-influenced historians of the 1960s still believed in the possibility of an outside observer (the historian) being able to objectively understand a foreign or past culture by identifying the underlying rules that structured language and consequently human behaviour and experience. To quote a then common view,

> structuralism views experience not as the ground of culture but as its effect, the product of the ways in which individuals are transformed into thinking, feeling and perceiving subjects of different kinds in the context of different structured relations of symbolic exchange.[50]

For historians inspired by structural theory in anthropology, human activities in the past had to be understood in terms of their relationship to a larger underlying system or structure that accounted for their emergences and continual existence. As one of the early key theorisers, French semioticisn Roland Barthes, argued, 'The goal of all structural activity is to construct an "object" in such a way as to make evident the rules of its functioning.'[51] For poststructural-inspired scholars in the 1970s, however, the very idea of orderly structures beyond the 'symbolic exchange' was out of question. While they shared with structuralists the idea that all knowledge is socially constructed and that all 'facts' are human-made (and therefore do not exist outside their linguistic and narrative form), they began to question the very structural categories through which society and culture were organised (according to structuralism), such as 'class', 'race' and 'sexuality' – *not to mention 'society' itself.*[52] *While they deemed such structuralist categories* necessary devises of any intellectual inquiry, they argued that one needed to be aware of them *as structures created by humans*. They needed to be decentred and problematised as such. Their use needed to be accompanied by a study for the origin of such categories and how their meaning has changed over time and space and what messages of power were conveyed through them.

As regards the category of 'experience', poststructuralists claimed that the concept itself was hardly neutral, but rather had a long history as a concept. Instead of using the term uncritically to recreate the 'lived experience' of the past (in the present by the emphatic and empirical historian), 'experience' was itself to be seen as a constructed category that contained within it the ideological residues of the discursive context out of which it emerged. As Patrick Joyce, one of the first British social historians to make the poststructural move, aptly summarised,

> The category of 'experience' (out of which E.P. Thompson argues comes class consciousness) is in fact not prior to and constitutive of language but is actively constituted by language. . . .[53]

Language was no longer perceived as a mere tool of conscious human agency and social action; its meaning could no longer be simply 'decoded'. The latter struck poststructuralists in their deconstructivist reading of texts as too deterministic and reminiscent of positivistic influences. The question 'What is a Text' became the guiding intellectual principle of poststructural inquiry. Many of its most challenging theories were directed towards deterministic readings of 'texts' and the problematising of simplistic historical contextualisation. It is no surprise that many poststructural theorists came out of literature departments in the 1980s and 1990s. However, it should be noted that in the poststructuralist understanding of textual analysis, 'texts' are not limited to just written sources, but include a wide range of material and visual sources. This widened approach to sources engendered whole new areas of intellectual study, such as material and visual culture studies.[54] There exist no reality outside 'the text', as French philosopher Jacques Derrida famously declared.[55] And no one 'text' could claim to be better than another; all views of an event, all voices on a subject, were equally valid and potentially useful for historians and analysts of cultural discourses in their effort to reveal the construction of knowledge within a given period.

Poststructuralist views and deconstructionist analytical techniques aimed, among other things, at invoking awareness of the assumptions between author and reader. But this triggered serious consequences for the understanding of 'experience' as an analytical tool for history writing. In fact, historians who continued to use the concept of experience as a neutral, unmediated and transhistorical (essentialist) concept linking past to present came increasingly under attack. The most influential critique came from social-turned-poststructuralist historian of women and gender Joan Wallach Scott in her article titled 'The Evidence of Experience.'[56] Published in 1992, at the height of the debate, the article pointed to the many challenges faced by historians with regard to 'lived experience'. The obsessive search for individual experience had somehow substituted the traditional search for objective truth in history writing, she claimed, although she reminded her readers that there was no agreement among historians about what 'experience' actually was; the term always lay outside their investigation and was taken for granted. The empirical collecting of experiences was naïve and

comparable to the fact fetishism of positivist historians of old. What experience-collecting historians do not understand, she insisted, was that 'it is not individuals who have experience, but subjects who are constituted through experience'. Individual and collective experience was hardly neutral; it was constructed through specific knowledge and power discourses at a given time, which, in turn, helped to sustain it. 'Experience,' Scott concluded, is not a word that historians can easily do without, 'although, given its usage to essentialize identity and reify the subject, it is tempting to abandon it altogether'. Historians should at least avoid assuming that it is a self-evident foundational concept and stop assuming as 'self-evident the identities of those whose experience is being documented and thus naturalise their difference'.[57] The assumption of experience as evidence overgeneralises group histories, leads to the historian's experience informing the interpretation of the object of study's experience and to the salience of one kind of experience over another – a misapprehension that will only be overcome 'when historians take as their project *not* the reproduction and transmission of knowledge said to be arrived at through experience, but the analysis of the production of knowledge itself'.[58] The beneficial result would not be the abolition of the historical subject, as some critics of the linguistic turn feared, but rather an understanding of how certain experiences of subjectivity came into being in the first place. What Scott called for was the study of the processes of subject creation, not just experience itself. She saw that the key to that reconstruction is language: 'Experience is a subject's history. Language is the site of history's enactment. Historical explanation cannot, therefore, separate the two.'[59]

It is not difficult to see how this new understanding of 'experience' as a construction of language challenged the social and cultural history of medicine a la Porter and Rosenberg. Considering that the debates over postmodern theories exploded in the English-speaking world in the 1980s and more fully in the 1990s, one might even want to understand their position – an empirical description of 'lived experience' of suffering (Porter) and the contextualising or 'framing' of the lived experience of biological disease (Rosenberg) – as intellectual responses to the onslaught by poststructuralists and their most enthusiastic practitioners who began to fill the departments of English literature in the 1990s.

Rosenberg and Porter's resistance to the tenets of poststructural thinking had much to do with their attitude toward one particular poststructualist, Michel Foucault. Along with Jacques Derrida, Jacques Lacan and Gilles Deleuze, Foucault became one of the superstars of English-speaking postmodern scholarship, particularly in the literature departments of elite campuses of America's private universities in the 1970s and 1980s.[60] Although Foucault self-styled himself 'Professor of the History of Systems of Thought' at the Collège de France, he understood his work in terms of a radically new way of writing history, a theme that was reflected in many of the titles of his works published since the early 1960s: *The Birth of the Clinic: An Archaeology of Medical Perception* (1963), *The Archaeology of Knowledge* (1969), *Discipline and Punish: The Birth of the Prison* (1975), *The History of Sexuality* (1978), among others.

These were also works that were unavoidable for historians of medicine since they encroached on topics that they traditionally understood as 'theirs', such as the development of the medical sciences, madness, sexuality and the lived experience of disease. Moreover, due to Foucault's strong political engagement in the anti-psychiatry movement, he moved in the same circles as the critics of the power of modern medicine such as Jewson or Illich in the 1970s. It is little wonder, therefore, that his first major book, *Histoire de la folie à l'âge classique* (1961; abridged English version – *Madness and Civilisation: A History of Insanity in the Age of Reason* – in 1964; full translation only in 2006), was eagerly read by all kinds of scholars working in the field of history and sociology of medicine. But while sociologists of medicine such as David Armstrong and Nikolas Rose in Britain began to probe the potential of the new intellectual tools that Foucault's works provided, historians of medicine were less enthusiastic, severely critical or simply dismissive.

One of the would-be most penetrating critiques of *Madness and Civilisation* came from Roy Porter out of his particular expertise in the history of insanity. But it was written in 1989 – some 25 years after the book's English publication and some five years after Foucault's death – and demonstrates both misunderstanding of its specific aims and ignorance of the enormous intellectual journey Foucault had undertaken since its publication. It focussed mainly on Foucault's 'errors of fact' in regard to the empirical voices of experiences in the archive and took particular issue with Foucault's 'Great-Confinement-thesis'.[61] Foucault had claimed that in France the practice of confining those considered mad in special houses of internment took on a central significance since the middle of the seventeenth century. It was essentially rooted within what he called the Classical Age's celebration of human reason, which carried with it a fundamental rejection of madness and consequently provided no space for the mad in 'rational' society. While Foucault's empirical evidence was mainly taken from French sources, he suggested that the 'Great confinement' was a European-wide phenomenon. Using English sources, Porter demonstrated that for Britain, at least, Foucault's thesis was incorrect empirically; in fact, the surviving material suggested that confinement in Britain was only a nineteenth-century phenomenon. During the so-called Classical Age, Porter claimed, 'the growth in the practice of excluding the mad was gradual, localized, and piecemeal'.[62]

But this was wide of the mark. Although Porter was certainly right to be cautious of Foucault's empirical evidence, he failed to understand that (as philosopher and Foucault specialist Gary Gutting has put it)

> Foucault [in *Madness and Civilisation*] is not making empirical generalisations about what people in various countries thought or did [as Porter supposed]; he is trying to construct the general mode of thinking (episteme) that lay behind what was no doubt a very diverse range of beliefs and practices. An episteme must, admittedly, be reflected in the factual beliefs and actions of those whose thought is constrained by it. But there is no simple correspondence between a general structure of thought and specific beliefs

and actions. . . . Similarly, confinement – whatever the details about its extent in different regions at different times – may represent a distinctive Classical way of thinking about madness. This is not to say that Foucault's claim in unfalsifiable. But it needs to be tested as a general interpretative hypothesis; that is, evaluated by its fruitfulness in making overall sense of a large body of data and suggesting new lines of inquiry. It should not be judged as an empirical generalisation – like 'all crows are black' – that can be refuted by a single counter-example.[63]

Porter argued that Foucault had reconstructed the wrong experience of the past, not realising that Foucault did not share his understanding of experience. In fact, Foucault was about to undermine Porter's confidence in it (and become the inspiration for scholars like Scott). Indeed, Foucault *accused himself* of being imprecise about his understanding only a few years after the *Histoire de la folie à l'âge classique* was first published. He explained that his understanding of experience was too close to the 'raw' basis and epistemic origin for conceptual thinking and practices around madness.[64] In the Introduction to his *Archaeology of Knowledge*, he remarked that 'generally speaking, *Madness and Civilisation* accorded far too great a place, and a very enigmatic one too, to what I called an "experience", thus showing to what extent one was still close to admitting an anonymous and general subject of history'.[65] By the time *The Archaeology of Knowledge* was published in 1969 (his first major methodological treatise), he had moved far from the standard view in the Western philosophy since the Greeks that experience was the basis of all knowledge production. By then he had also productively developed linguistic theories as well as, importantly, the ideas of his teachers Gaston Bachelard and George Canguilhem.

Both Bachelard and Canguilhem had argued that 'the structural unconscious of science is not raw experience but discursive infrastructures and the technical instruments that are designed in accordance with their expectations'.[66] Instead of assuming that knowledge production followed raw and naked human experiences, Foucault now aimed at understanding how experience was constituted in the first place. His central concern, epistemological in nature, became the relationship among the subject, truth and the constitution of experience. 'Radicalizing the lessons of Canguilhem and Bachelard' (so summarises Martin Jay), Foucault 'questioned not only how experience was constituted, but also how truth itself was a function of linguistic regimes of meaning that preceded it'.[67] However, he soon became dissatisfied with the limitations of his self-invented 'archaeological method'; it smacked too much of structuralism, an approach he increasingly rejected.[68] Although 'archaeology' was quite capable of tracing the conceptual system or rules underlying all kinds of human experiences, linguistic or otherwise, it could not explain how change happened from one discursive system to another.[69] It left out the question that became increasingly central to Foucault's future analysis, namely how power and its practices were related to knowledge and the constitution of the experiences of subjects.

This is the problem that he worked out in *Discipline and Punish*, with the help of his new method of 'genealogy' – a method that directed attention to the conditions of possibility for the emergence and unfolding of any kind of knowledge and power. Impelled by a desire to comprehend the evaluative frameworks of the present, Foucault's genealogical method encouraged the decentring of any object of investigation. It urged resisting the temptation to follow well-established modes of investigation, such as the compulsion in academic history to the linear tracing of causes and effects, 'forerunners', 'origins', 'culminations', 'inevitable outcomes' and so on. As far as possible, the approach permits standing on the outside of any object of inquiry and investigative practice to explore the nature and exercise of the theories, concepts and categories that sustain it. What, it asks, are the multiple sources of power that make things seem the way they seem? What are the practices and theories and the combined conceptual and epistemological, juridical and institutional strategies that create a particular field of truth in which the object of any investigation is to be perceived? Foucault's genealogies, or 'histories of the present' as he himself called them,[70] usually began from already constituted forms of knowledge to explain retrospectively the rules, practices and institutions which rendered them possible and which enabled them to continue to hold power over contemporary society. To provide a genealogy is, he explained, 'to identify the accidents, the minute deviations – or, conversely, the complete reversals – the errors, the false appraisals, and the faulty calculations that give birth to those things that continue to exist and have value for us'.[71]

Foucault thus proceeded in a radically different manner from historians in regard to the notion of experience. His primary intent was not to understand the experiences of the past on their own terms or for their own sake, by 'hacking into the empirical forest', as Porter had urged (a 'naïve enterprise' Foucault thought). Rather, he aimed first and foremost at understanding and evaluating the experiences *of the present*, particularly with a view to discrediting unjustified claims to authority over them. While Porter wished to resurrect the individual and collective experiences of forgotten peoples from the condescensions of posterity, Foucault wanted to demonstrate to his contemporaries how their experiences were still caught in the past.

In certain ways Foucault's intellectualisms did not differ from other liberationist aspirations of the 1970s. The object was to make Western society see its own self-inflicted oppression; to make us understand how we are controlled not only as objects of disciplines but also as self-scrutinising and self-forming subjects of our own knowledge.[72] However, the notion of power that Foucault began to operate with was entirely at odds with the mainstream understanding of the 1970s and much of the 1980s. In his work on sexuality, he began to call into question historians' understanding of power as based upon and written within the liberal-Marxist trinity of exploitation, domination and oppression. Power, for them, was something that was held externally by someone or a group and something that repressed, blocked and concealed the true reality of things. Although historians within this thinking had argued (not unlike Foucault) that patterns of domination are not natural or inevitable, they had insisted on a search for their origins in the past. Once these were identified, they hoped to be able to abolish the injustices

that had leaked into the present. It infuriated them that Foucault refused to look to the origins of power and to identify how people were possessed or suppressed by it. We must not, he insisted, 'look for who has the power in the order of sexuality (men, adults, parents, doctors) and who is deprived of it (women, adolescents, children, patients); nor for who has the right to know and who is forced to remain ignorant'.[73] Undermined was the historians' belief that it would be possible for people to live their true identities at some point once the powers responsible for alienation or false experiences of the world and human exploitation and suppression had been forcibly removed.

Ultimately it was Foucault's conviction of the 'death' of the enlightenment idea of human agency and free will that depressed his contemporaries. This was the incommensurablity between political and methodological opinions over experience and power that was dramatically illuminated in the famous debate on Dutch television in 1978 between Foucault and distinguished American structural linguist Noam Chomsky (socialist and one-time co-author with E. P. Thompson).[74] Foucault's seeming refusal to relate to Chomsky's analyses of experience and power in terms of the socialist categories of class, gender, professional interests and the 'militarised' state was seen by many as a squandering of the most valuable conceptual gains made through the new social history and structuralist anthropology that had inspired the new cultural history in the 1970s and 1980s.

It was not really until the 1990s that cracks in the historian's opposition to Foucault began to open and the potential of his work, especially for the history of medicine, became apparent. *Reassessing Foucault* (1990), edited by Collin Jones and Roy Porter, was one such opening, even if the only chapters that demonstrated a reading on Foucault's terms were those by sociologists Armstrong and Rose.[75] Nevertheless, the volume went beyond mere sniping at 'empirical deficiencies'; if only grudgingly, it confessed that Foucault had gone some way to shift the methodological landscape if not create an entirely new history of ideas.[76] In effect, Foucault effected the installation of (what he would call) a whole new epistemic register, which fundamentally challenged and ultimately infiltrated the preexisting sociocultural one. All that hitherto had seemed so solid to historians and social analysts, or that was assumed timeless, natural and epistemologically autonomous (such as the concept of the patient and the idea of experience), began to melt into air. In a parallel manoeuvre, the postmodern effort to analyse the making of modernity moved the discourses of medicine to stage central at the same time as it moved there the business of history writing. It came to be seen that the profession of medicine's attempt to objectify the body and the profession of history's attempt to objectify the past occurred more or less in tandem in the same modernist-making breath.[77]

While the majority of historians still steered clear of Foucault and shied away from 'postmodern postures', an embolden few ventured forth, enamoured in particular by Foucault's thinking on the human body as an object of natural knowledge. The forces that drive our history, Foucault had suggested, do not so much operate on our thoughts, our social institutions or even our environments

as on our individual bodies. In *Discipline and Punish*, he revealed the body as a central component in the operation of power relationships; if one wants to understand power one has to look at the same time at knowledge and/of the body, he maintained. Through somatic discourse, the body was established not just as a textual site of contestation and struggle but *the* locus upon which power was seen to be inscribed; it was 'directly involved in a political field: power relations have an immediate hold upon it; they invest it, mark it, train it, torture it, force it to carry out tasks, to perform ceremonies, to emit signs'.[78] It was principally through the body (in truth, through discursive practices operative in and upon the physical body), Foucault argued, that modern power came to be constituted and exercised. This was not to be understood as something negatively experienced or merely acting repressively from only outside the body. As power/knowledge, this power did not function simply by coercion, but rather operated through the body as a productive agency (much as language itself was regarded in the work of Jacques Derrida and the various linguistic theorists indebted to him). In effect, argued Foucault, it was through the body – through the various political investments of knowledge/power in and around it – that the modern subject was made up. This 'making-up' lay outside the ambit of individual cognition and control and outside the instrumental or mediated dominations of ruling authority. Thus, challenged and ultimately bankrupted by this thinking were both the instrumental *and* the analytical power attributed to medicalisation by sociologists and social historians of medicine since the 1970s in their concern, at root, with issues of social control through medical professionalisation. Foucault's corporealisation of power in general, and his decentring of the notion of medical power in particular, robbed them of their 'medicine', debased their political interests and bankrupted their explanatory power. But all this was only to be felt in retrospect; at the time, as ever, there was no straightforward clash of armies with well-defined winners and losers. 'Losers', such as Chomsky, could scarcely comprehend the war they were in.

While body history – or, more precisely, the historicisation of body fragments – was still mostly the preserve of literary theorist and feminist scholars (often one and the same), increasingly there were meeting points and crossovers with historians or historically minded critical theorists. One such was the path-breaking and acutely self-reflective *The Woman Under the Skin* (1987; English translation, 1991) by the German feminist historian Barbara Duden. Drawing on the insights of Foucauldian medical sociologist David Armstrong, Duden sought to capture 'the vanished reality of the "corporeal self"' through the casebooks of an eighteenth-century German medical practitioner. At the heart of her study was the pursuit of the experience of the self that might have existed before the 'biological realities' of the modern body silenced it (before, as it were, knowledge of bacteriology, vitamins or Freud). *The Woman Under the Skin* took the category of woman seriously, showed how every biological and medical term was a cultural construct and demonstrated how the medical narratives of doctors constructed women's experience. As such, it stands at the head of what was to become an ever-lengthening queue of

cultural historians insisting on the need seriously to heed corporeal experience as a part of the questioning of the essentialist regard of experience itself.

In its conceptual train, in terms of deconstructivist readings of texts, was *The Making of the Modern Body* (1987) edited by Catherine Gallagher (an historicist literary critic at Berkeley and a close colleague of Stephen Greenblatt, a leading post-structuralist literary scholar and one of the founders of New Historicism) and Thomas Laqueur (a social historian also at Berkeley who had turned temporarily to medicine). *The Making of the Modern Body*, as its Introduction points out, was 'a new historical endeavor', deriving 'partly from the crossing of historical with anthropological investigations, partly from social historians deepening interest in culture, partly from the thematization of the body in modern philosophy . . ., and partly from the emphasis on gender, sexuality, and women's history'.[79] As this list belies, what was 'new' carried considerable baggage from the past. Indeed, 'the making' in the title inhered old causal narratives and teleological undercurrents – even whiffs of nostalgia for the sociological notion of power (if not the politics) of that other famous 'making' by E. P. Thompson. The same might be said of Laqueur's *Making Sex: Gender and Sex from the Greeks to Freud* (1990), the monograph that expanded his germinal essay on the construction of a two-sexed model of gender difference, which was first published in a volume he co-edited with Gallagher.[80] But overall there was far more that was novel than not in *The Making of the Modern Body*, so much so that it might be said in retrospect that the 'making' that was *most* apparent through it was that of a new corporeal regime of truth moving into and challenging history writing. Biological essentialism was routed, and constructivism embraced. Instead of the body being perceived as a naturalistic biological entity that could be taken for granted, it was regarded as something that itself had a history and whose very construction *in* history could be reckoned a central historical problem. Within an intellectual discourse that owed much to the 1980s-born literary 'New Historicism', and *its* debts to Foucault in terms of the making of modern identity, the body within the new cultural history became a tool for thinking beyond categorical constraints.[81] In general, the volume reflected the imaginative deconstructivist work then being conducted in American departments of literature, wherein the body was perceived as a text in need of decoding.

Initially, such thinking was regarded as a 'radical and necessary form of activism'.[82] It was also a means to out think conventional history writing, for not only was the body that was historicised within this intellectual discourse perceived as inherently unstable and fragmented but so too was the notion of history. History was no longer to be understood as an unalterable unified body of facts or a neutral 'background' against which any object or event might be tracked. That view of history was now to be construed as *a*historical. Rather, history was coming to be seen primarily as a set of changing representations of the past – *Representations* being the journal (first issued in 1983) where Laqueur and other historians joined forces with their New Historicist colleagues at Berkeley.[83] Situating bodies historically in their appropriate 'representational regimes' became part and parcel of the rethinking of the meaning, purpose and shape of academic history writing.

But it was never everyone's cup of tea, or at least curate's egg-like, not the whole of it. The idea of the body as text invited criticism from historians who, while sensitive to the injunction against biological and other essentialisms, felt that the lived experience of the body was being left out. American medievalist Caroline Walker Bynum, for instance, lamented in 1995 that so much of deconstructivism failed to acknowledge that bodies eat, work, have sex, suffer, share emotions, thoughts and experiences, and die.[84] It was out of this regret that historians of medicine along with others turned (self-consciously or otherwise) to *practice* because it seemed to fill the vacuum left by experience. What was difficult for them to swallow was Scott's claim (following Foucault) that language produces experience; it was preferable to see language as a site of articulation of experience.[85] Hence, the more recent inclination to the belief that 'culture is a sphere of practical activity shot through by wilful action, power relations, struggle, contradiction and change'.[86] As Gabrielle Spiegel observes in *Practicing History* (2005), after noting this and that 'the new master concepts in post-linguistic turn historiography are experience and practice',

> Thus a renewed emphasis on bodily dispositions . . . has appeared in recent discussions among cultural historians, stressing the ways in which 'agents call on bodily competencies that have their own structure and coordinating influence, incorporating corporeal principles of practical knowledge'. The hallmark of this approach is a new conceptualisation of the body, no longer seen as an 'instrument' used by an agent in order to act, but the place where mental, emotional, and behavioral routines are inscribed. Such routines are not necessarily the result of reflection but are better understood as the product of social practices imbibed primarily, though not exclusively, at an early age simply by virtue of living in the world. [. . .] As such, they never attain the level of conscious principles of action.

Rather, the principles embodied in this way are placed beyond the grasp of consciousness and hence cannot be touched or even made explicit.[87] What this amounts to is a revitalisation of the subjective perspective and attention to enactment rather than discourse.

Certainly the 'somatic turn', once regarded as a central 'new organizing principle within Anglo-American intellectual activity', is no longer so.[88] Today, we appear to be moving sideways or even backwards from the postmodern business of historicising what were formerly regarded as essentialist categories (especially of the body and biology) to a new affirmation of *re*-essentialised categories, including 'experience' which is now returned to biologically. This seems confirmed by the new enthusiasm among some historians for the biologically based 'neuro-turn' and for affect and non-representational theory with their reliance on brains and cognition.[89] A recent work on affect theory credits the topic with, among other things, 'attempts to turn away from the much-heralded "linguistic turn" . . . often toward work increasingly influenced by the quantum, neuro-, and cognitive sciences, especially far-from-equilibrium physics . . . returning to and reactivating work that had

been taking place well before and alongside the linguistic turn and its attendant social constructionisms'.[90] Of course old armies soldier on, just as social historians of medicine did – not unproductively – after the decline of their episteme. Where the new turn to affect, emotions and the biologisation of experience will lead (or be led politically) remains to be seen. All that is certain is that nothing is arbitrary or disconnected; a pattern or set of context-contingent linkages will eventually be made out. Seeming 'hodgepodges', we submit, will prove to be illusions sustained only by, as yet, not-quite-discernable unfolding historical process.

The essays gathered in these volumes reflect and reveal the unfoldings of past few decades. They expose the spaces that have opened out to discuss fundamental categories of history writing, which earlier generations of historians of medicine did not question. They are aware of the problem of experience – even if their attention is not specifically directed to it – and draw on constructions of sickness to demonstrate its otherness. Only a few, in fact, follow strictly in the footsteps of Foucault and Scott, recognising implicitly that there are many variations in answer to the question of experience and human agency in the past (and anticipating that that there will be others in the future). Overall, they bear witness to the methodological openings and orientations in the postmodern world of self-fashioning and knowledge understanding.

Selection

Many reasons can be assigned for why we have *not* included this or that article, or even broached certain genre of study.[91] Initially we envisioned the volumes as illustrating changes in medical historiography. Within the Ancient History volume, for example, we thought to present a selection of some of the most important papers published on that subject before the 1970s and then proceed chronologically to the presentation of seminal pieces that came later with the aim to illustrate the history of history writing through concrete historical example, showing how particular subjects (e.g. professionalism, madness, ethics, women's bodies) became 'sexy' according to the temper of the times. But this proved impossible within the space available. In order to accomplish it we would have had to focus on a single subject and pursue it over the span of publication dates, something that would have operated against our desire to reveal the field's startling diversity of subject matters and methodological questioning.

Having arrived at the intention to include only *recent* critically informed and informing work reflective of both new topics of interest and new methods of investigation (with a preference for essays that have appeared in edited volumes rather than more generally accessible journal articles), our selection was determined by the desire to make each volume as symmetrical as possible. Each volume, therefore, aims at coverage of disease definition and construction, the making of the anatomical body (or its 'unmaking' in the postmodern world) and discussions of gender, sexuality, women, law, education, art, ethics, the market and consumerism. Each samples non-Western sources and demonstrates innovations in historical technique through the visual, literary, material, global and emotional turns. Within

these parameters, out of masses of high-quality essays to choose from, our selection is ultimately subjective, grounded on the intrinsic interest of subject matters and on the verve and style of their articulation.

In almost all the essays, postmodernism as a mode of commenting on medicine's role in shaping modernity is evident, directly or indirectly. But the 'postmodernity' that appears in the title of Volume IV is used purely as a chronological marker. If it differs from the other volumes, it is not out of a concern with how postmodern critical practices have reshaped the practice of the history of medicine (apparent in all the essays), but rather with how the practice of medicine in postmodern times has redefined and broadened the traditional remit of history of medicine. 'Biomedicine' now serves better than 'medicine' to describe the new techniques and technologies involved in the performance of medicine (from cloning, molecularisation, enhancement technologies and genetics to fMRI scans) and in knowledge production and understanding. It also better conveys the new politics and economy connected with it and the new (*bio*) ethics that have become intrinsically a part of these techniques and technologies. Biomedicine and 'biomedicalisation' are global phenomena which have proceeded hand in hand with the deregulation or disattachment from state welfare medicine.[92] They involve profound changes in the social meaning and management of health. And they reflect that 'medicine' is no longer a coherent whole; whether looked at 'in hospitals, in clinics, in laboratories, in general practitioner's offices . . . there is multiplicity': an 'assemblage of techniques, . . . a heterogeneous coalition of ways of handling bodies, studying pictures, making numbers, conducting conversations'.[93] Entirely new questions are raised by these changes, not least in relation to biomedicine's cultural context.[94] Nor can it be ignored that in the twenty-first century the human body is considered a 'natural resource available for development part by part'.[95]

Under these conditions and compulsions, traditional ways of thinking about medicine's history have had to change along with the themes it chooses to discourse on. Just as the rise of neoliberalism in the 1980s gave us 'the market' and 'globalisation' as themes for historical pursuit, so today for the history of medicine the present in which the past is reconfigured offers us biopower, biopolitics and the 'politics of life'.[96] But, again, this does not mean total closure on older ways of historically situating 'medicine'; rather, it means opening new and challenging ways for thinking about the field, including the reconfiguration of older historical themes. Just as in the natural sciences, shifts in methodological orientation tend to be accumulative and uneven rather than radically departing from what went before.[97] These essays retain some of the bricks and mortar of the 'modern' history of medicine of the recent past while introducing and reflecting on the struggle of its 'postmodern' becoming in a world that, for good or ill, has transcended the discipline of the history of medicine as once known.

Notes

1 On biological life and biopower, see, for example, Adele Clarke et al. (eds), *Biomedicalization: Technoscience, Health, and Illness in the U.S.* (Durham, NC: Duke University Press, 2010); and Nikolas Rose, *The Politics of Life Itself: Biomedicine,*

Power, and Subjectivity in the Twenty-first Century (Princeton, NJ: Princeton University Press, 2007).

2 Frank Huisman and John Harley Warner (eds), *Locating Medical History: The Stories and Their Meanings* (Baltimore, MD: Johns Hopkins University Press, 2004); see also the review of it by George Weisz in the *Bulletin of the History of Medicine*, 80 (2006), 153–59. For similar legitimacy of the field on the grounds of its 'diverse historiographical trends', see Mark Jackson (ed.), *The Oxford Handbook of the History of Medicine* (Oxford: Oxford University Press, 2011), 1.

3 Peter Burke, 'Decentering the Italian Renaissance: The Challenge of Postmodernism', in Stephen J. Miller (ed), *At the Margins: Minority Groups in Premodern Italy* (Minneapolis, MN: University of Minnesota Press, 2005), 36–49, at p. 36. Or, as historian Gareth Stedman Jones insisted in 1976, history is an enterprise that takes place in the present and is constructed entirely 'in the head': 'From Historical Sociology to Theoretic History', *British Journal of Sociology*, 27 (1976), 296. On how postmodernity (distinguished from the postmodern era) has influenced all thought, see Paul Forman, '(Re)cognizing Postmodernity: Helps for Historians – of Science Especially', *Berichte zur Wissenschaftgeschichte*, 33 (2010), 1–19.

4 Elizabeth Fee, 'Introduction' to George Rosen, *A History of Public Health* (Baltimore, MD: Johns Hopkins University Press, 1993), xviii.

5 We borrow the term 'postsocial' from Miguel A. Cabrera, *Postsocial History: An Introduction*, trans. Marie McMahon (Lanham, MD: Lexington, 2004).

6 Differences were especially marked between English and non-English speaking countries, notably in France and Germany.

7 In Britain this was spearheaded by historians such as Eric Hobsbawm, Perry Anderson, Edward P. Thompson, Gareth Stedman Jones and the *History Workshop Journal* (1976–). On the new social history in America, see Robert Harrison, 'The "New Social History" in America', in Peter Lambert and Phillipp Schofield (eds), *Making History: An Introduction to the History and Practice of a Discipline* (London: Routledge, 2004), 109–20.

8 In the British case the new social history reaffirmed the old dualism between structure and agency while putting strong emphasis on the latter. For an excellent overview of this move to the new social history in the UK and Germany, see Thomas Welskopp, 'Social History', in Stefan Berger, Heiko Feldner and Kevin Passmore (eds), *Writing History: Theory and Practice*, 2nd ed. (London: Bloomsbury, 2010), 228–47.

9 *The Making of the English Working Class* (Harmondsworth: Penguin, 1991), 213.

10 Charles Webster, 'Abstract of Presidential Address delivered at the 1976 Conference of the Society for the Social History of Medicine', *Society for the Social History of Medicine Bulletin*, 19 (1976), 3. Webster had studied at Leeds University where Thompson and other pioneers of the new social history cut their teeth in the 1950s and 1960s. In 1970 he and close colleagues in Oxford established the Society for the Social History of Medicine.

11 Nicholas Jewson, 'The Disappearance of the Sick Man from Medical Cosmology, 1770-1870', *Sociology*, 10 (1976), 225–44.

12 On the development of the concept of 'medicalisation', see Peter Conrad, 'Medicalisation and Social Control', *Annual Review in Sociology*, 18 (1992), 209–32. On the bankruptcy of the concept by the twenty-first century, see Nikolas Rose, 'Beyond Medicalisation', *Lancet*, 369 (24 February 2007), 700–2.

13 James H. Jones, *Bad Blood: The Tuskegee Syphilis Experiment* (New York: Free Press, 1981); Susan M. Reverby, *Examining Tuskegee: The Infamous Syphilis Study and its Legacy* (Chapel Hill, NC: University of North Carolina Press, 2009).

14 The anti-psychiatry movement, which included eminent scholars at the time (including Michael Foucault), criticised psychiatry as a tool of mental and social control and

questioned the usefulness of asylums and treatments such as electroconvulsive therapy and lobotomy. Influential was psychiatrist R. D. Laing; Thomas S. Szasz's *The Myth of Mental Illness: Foundations of a Theory of Personal Conduct* (New York, NY: Harper & Row, 1961), and *The Manufacture of Madness* (New York, NY: Dell, 1970); and the analysis of sociologist Erving Goffman, *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates* (New York, NY: Doubleday, 1961).

15 Female medical historians, in turn, began tracing the historical origins of this male domination. In the process, they soon unearthed stories and biographies of female medical practitioners and nurses. But in a move that seems bizarre in retrospect, they subjected them only to celebration.

16 See, for example, Adrian Wilson (ed.), *Rethinking Social History: English Society, 1570–1920, and Its Interpretation* (Manchester: Manchester University Press, 1993).

17 Among other important works, see his *Patients and Healers in the Context of Culture* (Berkeley, CA: University of California Press, 1980).

18 Warwick Anderson, 'Postcolonial Histories of Medicine', in Huisman and Warner (eds), *Locating Medical History*, 285–306; David Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India* (Berkeley, CA: University of California Press, 1993); Michael Worboys, 'Colonial Medicine as Mission and Mandate: Leprosy and Empire, 1900-1940', *Osiris*, 15 (2001), 207–20; Roy Macleod and Milton Lewis (eds), *Disease, Medicine, and Empire* (London: Routledge, 1988).

19 Clifford Geertz, 'Thick Description: Toward an Interpretive Theory of Culture', in Geertz (ed), *The Interpretation of Cultures: Selected Essays* (New York, NY: Basic Books, 1973), 3–30. Guilia Calvi's reconstructions of the practices and symbolic meanings of plague in sixteenth-century Florence is a powerful example of this microhistorical approach: *Histories of a Plague Year: The Social and the Imaginary in Baroque Florence* (Berkeley, CA: University of California Press, 1989). See also Colin Jones, 'Plague and its Metaphors in Early Modern France', *Representations*, 53 (1996), 97–127.

20 Ginsberg, *The Cheese and the Worms: The Cosmos of a Sixteenth Century Miller* (1976; Baltimore, MD: Johns Hopkins University Press, 1980); Davis, *The Return of Martin Guerre* (Cambridge, MA: Harvard University Press, 1983); Darnton, *The Great Cat Massacre and Other Episodes in French Cultural History* (New York, NY: Vintage, 1985). On microhistory, see John Brewer, 'Microhistory and the Histories of Everyday Lives', *Cultural and Social History*, 7 (2010), 87–109.

21 Hayden White, *Metahistory: The Historical Imagination in Nineteenth-Century Europe* (Baltimore, MD: Johns Hopkins University Press, 1972). On the revival of narrative since the late 1970s and the debates over it, see Elizabeth A. Clark, *History, Theory, Text: Historians and the Linguistic Turn* (Cambridge, MA: Harvard University Press, 2004), 86–105.

22 Examples of history writing defended against the linguistic turn, or against postmodernism, include Arthur Marwick, 'All Quiet on the Postmodern Front: The "Return to Events" in Historical Study', *Times Literary Supplement* (3 February 2001), 13–14, and 'Two Approaches to Historical Study: The Metaphysical (Including "Postmodernism") and the Historical', *Journal of Contemporary History*, 30 (1995), 4–35; Mary Fulbrook, *Historical Theory: Ways of Imaging the Past* (London: Routledge, 2002); and Wolfgang J. Mommsen, 'Moral Commitment and Scholarly Detachment: The Social Function of the Historian', in J. T. Leessen and Ann Rigney (eds), *Historians and Social Values* (Amsterdam: Amsterdam University Press, 2000), 45–55. Such proclamations of history as objective, apolitical and unemotional only prove it to be an ideology purporting not to be. *Cf.* Haydon White, 'Response to Arthur Marwick', *Journal of Contemporary History*, 30 (1995), 233–46.

23 The literature on the 'cultural turn' in history writing is vast. We found particularly helpful Paula S. Fass, 'Cultural History/Social History: Some Reflections on a

Continuing Dialogue', *Journal of Social History*, 37 (2003), 39–46. See also Lynn Hunt (ed.), *The New Cultural History* (Berkeley, CA: University of California Press, 1989), and *Writing History in the Global Era* (New York, NY: Norton and Company, 2014). For the history of medicine's turn to culture, see Mary Fissell, 'Making Meaning from the Margins: The New Cultural History of Medicine', in Huisman and Warner, *Locating Medical History*, 364–89.

24 Roy Porter, 'The Patient's View: Doing Medical History from Below', *Theory and Society*, 14 (1985), 175–98, at p. 182. The volume referred to was *The Problem of Medical Knowledge: Examining the Social Construction of Medicine* (Edinburgh: Edinburgh University Press, 1982), edited by P. Wright and A. Treacher. Short shrift was also given to Foucault and Foucauldian sociologist David Armstrong.

25 See Ian Hacking, *Historical Ontology* (Cambridge, MA: Harvard University Press, 2002); Lorraine Daston, 'Historical Epistemology', in James Chandler, Arnold Davidson and Harry Harootunian (eds), *Questions of Evidence: Proof, Practice, and Persuasion across the Disciplines* (Chicago, NY: University of Chicago Press, 1991), 282–89; Arnold Davidson, 'On Epistemology and Archaeology: From Canguilhem to Foucault', in *The Emergence of Sexuality: Historical Epistemology and the Formation of Concepts* (Cambridge, MA: Harvard University Press, 2001), 192–206.

26 *Cf.* Rafael Samuel who tried to locate postmodernists on the political right: 'Reading the Signs: Fact Grubbers and Mind Readers', *History Workshop Journal*, 32 (1991), 88–109, and 33 (1992), 220–51.

27 On neoliberalism, see David Harvey, *A Brief History of Neoliberalism* (Oxford: Oxford University Press, 2005); James Peck, *Constructions of Neoliberal Reason* (Oxford: Oxford University Press, 2010); and David Stedman Jones, *Masters of the Universe: Hayek, Friedman, and the Birth of Neoliberal Politics* (Princeton, NJ: Princeton University Press, 2012).

28 Porter, *Enlightenment: Britain and the Creation of the Modern World* (London: Allen Lane, 2000). On its ideological work, and on the politics of consumerism in history writing in general, see William J. Ashworth, 'The British Industrial Revolution and the Ideological Revolution: Science, Neoliberalism and History', *History of Science*, 52 (2014), 178–99.

29 Mark Jenner and Patrick Wallis (eds), *Medicine and the Market in England and its Colonies c.1450–c.1850* (London: Palgrave, 2007).

30 For the literature on this, see Roger Cooter and Claudia Stein, 'Visual Objects and Universal Meanings: AIDS Posters and the Politics of Globalization and History', *Medical History*, 55 (2011), 85–108, reprinted with introduction in Roger Cooter with Claudia Stein, *Writing History in the Age of Biomedicine* (New Haven, CT: Yale University Press, 2013), 138–59.

31 On Sudhoff, see Claudia Stein, 'Divining and Knowing: Karl Sudhoff's Historical Method', *Bulletin of the History of Medicine*, 87 (2013), 198–224.

32 Owsei Temkin, 'The Double Face of Janus' in *The Double Face of Janus and Other Essays in the History of Medicine* (Baltimore, MD: Johns Hopkins University Press, 1977), 27–9. In the history of medicine in Germany in the 1920s, Temkin reflected, 'historicism was largely a reaction against neglect of what was not considered a step toward present-day knowledge' – a view which, according to Karl Figlio in the 1970s, was seen as lacking among historians of medicine as they sheltered under anti-Whiggish and anti-presentist prejudices. Figlio, 'The Historiography of Scientific Medicine: An Invitation to the Human Sciences', *Comparative Studies in Society and History*, 19 (1977), 262–86.

33 On Sigerist, see Elzabeth Fee and Theodore M. Brown, *Making Medical History: The Life and Times of Henry E. Sigerist* (Baltimore, MD: Johns Hopkins University Press, 1997).

34 Susan M. Reverby and David Rosner, '"Beyond the Great Doctors" Revisited: A Generation of the "New" Social History of Medicine', in Huisman and Warner, *Locating Medical History*, 168.

35 Charles Rosenberg, 'Erwin H. Ackerknecht, Social Medicine, and the History of Medicine', *Bulletin of the History of Medicine*, 81 (2007), 511–32. Ackerknecht was also influential in the UK and in Germany; Jewson, for example, relied on him for ideas of disease in history and for his linking of knowledge production to its wider sociopolitical setting. Rosenberg, 'What Is Disease? In Memory of Owsei Temkin', *Bulletin of the History of Medicine*, 77 (2003), 491–505.

36 Rosenberg, *The Cholera Years: The United States in 1832, 1849, and 1866* (Chicago, NY: Chicago University Press, 1962).

37 Charles Rosenberg, 'Introduction. Framing Disease: Illness, Society, and History' in Charles Rosenberg and Janet Golden (eds), *Framing Disease: Studies in Cultural History* (New Brunswick: Rutgers University Press, 1992), xiii.

38 On the import of social constructionism into social studies of science, see Steven Shapin, 'Here and Everywhere: Sociology of Scientific Knowledge', *Annual Reviews in Sociology*, 21 (1995), 289–321, at pp. 295–96.

39 Fleck, *Genesis and Development of a Scientific Fact* [1935], trans. F. Bradley (Chicago, NY: Chicago University Press, 1979); C. Bonah, '"Experimental Rage": The Development of Medical Ethics and the Genesis of Scientific Facts. Ludwik Fleck: An Answer to the Crisis of Modern Medicine in Interwar Germany?' *Social History of Medicine*, 15 (2002), 187–207.

40 This was the great achievement of Steven Shapin and Simon Schaffer's *Leviathan and the Air Pump: Hobbes, Boyle, and the Experimental Life* (Princeton, NJ: Princeton University Press, 1985).

41 R. M. Young, 'Science *Is* Social Relations', *Radical Science Journal*, 5 (1977), 65–129; and, for a more extensive treatment, 'The Historiographic and Ideological Contexts of the Nineteenth Century Debate on Man's Place in Nature', in M. Teich and R. M. Young (eds), *Changing Perspectives in the History of Science: Essays in Honour of Joseph Needham* (London: Heineman, 1973), 344–438.

42 Clark, *History, Theory, Text*, 106; chapter 6: 'The New Intellectual History'.

43 That this was a deliberate move to protect historians of medicine from being targeted as relativists in the 'science wars' then raging in the USA is argued in Roger Cooter, '"Framing" the End of the Social History of Medicine', in Huisman and Warner, *Locating Medical History*, 309–37. See also Fissell, 'Making Meaning', 370. To call the biology of disease into question as a construct was not only to invite the kind of hostility that could alienate doctors and policy makers from historians and weaken any practical influence the latter might have in policy decision making. It also ultimately threatened the practice of the history of medicine itself. Historians of medicine were in danger of alienating themselves from their profession and their livelihood. This was the distinct possibility raised by postmodern critical theorists who considered biology an essentialist category made up in modernity and clung on to only by those who had a vested interest in retaining it, such as historians of medicine.

44 A point well made in David Armstrong's review of the volume in *Sociology of Health and Illness*, 15 (1993), 266–67.

45 Cabrera, *Postsocial History*, 47.

46 Porter, 'Patients View', 181.

47 Clifford, *The Predicament of Culture: Twentieth-Century Ethnography, Literature, and Art* (Cambridge, MA: Harvard University Press, 1988), 35.

48 Martin Jay, *Songs of Experience: Modern American and European Variations on a Universal Theme* (Berkeley, CA: University of California Press, 2005), 247.

49 For a good introduction to the basics of linguistic theory, see Callum G. Brown, *Postmodernism for Historians* (London: Pearson/Longman, 2005); from the point of view of women's/gender history, see Kathleen Canning, 'Feminist History after the Linguistic Turn: Historicizing Discourse and Experience', *Signs*, 2 (1994), 368–404, at p. 417.

50 Tony Bennett, G. Martin, C. Mercer and J. Woollacott (eds), *Culture, Ideology and Social Process* (London: Batsford, 1980), 12.

51 Barthes, 'The Structuralist Activity' [1963], quoted in Clark, *History, Theory, Text*, 43. Barthes also left structuralism behind and became one of the founders of post structuralism.

52 Brown, *Postmodernism*, 80ff.

53 Jocye, *Visions of the People* [1991], quoted in Jay, *Songs of Experience*, 248.

54 For the Pandora's box that this opened, see Nicholas Mirzoeff, *An Introduction to Visual Culture* (London: Routledge, 1999); Nicholas Mirzoeff (ed.), *The Visual Culture Reader* (London: Routledge, 1998); Marita Sturken and Lisa Cartwright, *Practices of Looking: An Introduction to Visual Culture* (Oxford: Oxford University Press, 2001); and Margaret Dikovitskaya, *Visual Culture: The Study of the Visual After the Cultural Turn* (Cambridge, MA: MIT Press, 2006).

55 Cited in Brown, *Postmodernism*, 101.

56 Scott, 'The Evidence of Experience', *Critical Enquiry*, 17 (1991), 773–97. She first introduced these perspectives in her collections of essays, *Gender and the Politics of History* (New York: Columbia University Press, 1988), a book that, among other things, instances feminist study as one of the driving forces of poststructuralist thinking. See also Canning, 'Feminist History'.

57 Scott, 'Evidence of Experience', 777.

58 Ibid, 797.

59 Ibid, 793.

60 François Cusset, *French Theory: How Foucault, Derrida, Deleuze, & Co. Transformed the Intellectual Life of the United States*, trans. Jeff Fort (Minneapolis, MN: University of Minnesota Press, 2008).

61 Porter, 'Foucault's Great Confinement', *History of the Human Sciences*, 3 (1990), 47–54, reprinted in Arthur Still and Irving Velody (eds), *Rewriting the History of Madness: Studies in Foucault's Histoire de la folie* (London and New York: Routledge, 1992), 119–25. Porter was joined in his criticism of *Madness and Civilization* by fellow social historian of madness Andrew Scull, who accused it of 'resting on the shakiest of scholarly foundations and riddled with errors of fact and interpretation'. Quoted in Gary Gutting, *Foucault: A Very Short Introduction* (Oxford: Oxford University Press, 2005), 39. See also H. C. Erik Midelfort, 'Madness and Civilization in Early Modern Europe: A Reappraisal of Michel Foucault', in Barbara C. Malament (ed.), *After the Reformation: Essays in Honour of J.H. Hexter* (Manchester: Manchester University Press, 1980), 247–65. For a critique of Foucault's 'Great Confinement' thesis for France, see Colin Jones, *The Charitable Imperative: Hospitals and Nursing in Ancien Régime and Revolutionary France* (London: Routledge, 1989).

62 Porter, 'Foucault's Great Confinement', 120.

63 Gutting, *Foucault*, 41.

64 Jay, *Songs of Experience*, argues that Foucault was still influenced by phenomenological ideas, which he only shed in later works. He quotes the preface to *Madness and Civilization*, where Foucault urged a return to 'that zero point in the course of madness at which madness is an undifferentiated experience'.

65 *The Archaeology of Knowledge*, trans. A. M. Sheridan Smith (London: Tavistock, 1972), 14–16.

66 Jay, *Songs of Experience*, 391.

67 Ibid, 394.

68 On Foucault's methods (archaeological and genealogical), see Mitchell Dean, *Critical and Effective Histories: Foucault's Methods and Historical Sociology* (London: Routledge, 1994); Barry Smart, *Foucault, Marxism and Critique* (London: Routledge, 1983); Foucault, *Power/Knowledge: Selected Interviews and Other Writings, 1972–1977*, ed. Colin Gordon (Brighton: Harvester/Wheatsheaf Press, 1980); 'Nietzsche, Genealogy, History' [1971], in *Language, Counter-Memory, Practice*, ed. Donald Bouchard (Oxford: Blackwell, 1977), 139–64; and *Archaeology of Knowledge*. See also Nikolas Rose, *Inventing Our Selves: Psychology, Power, and Personhood* (Cambridge: Cambridge University Press, 1996), chapter 1: 'How Should One Do the History of the Self'; and Colin Koopman, *Genealogy as Critique: Problematization and Transformation in Foucault and Others* (Bloomington, IN: Indiana University Press, 2012).

69 Gutting, *Foucault*, 45.

70 Foucault, *Discipline and Punish: The Birth of the Prison*, trans. Alan Sheridan (London: Penguin, 1977), 30–31. By the 'history of the present' Foucault did not mean the history of 'now', but rather the pursuit of the temporal specificities for different concepts and theories at any moment in historical time. See Smart, *Foucault*, chapter 2: 'Questions of Methods and Analysis', 39–63.

71 Quoted in Gutting, *Foucault*, 49.

72 Gutting, *Foucault*, 96.

73 Foucault, *The History of Sexuality, vol. 1: An Introduction*, trans. R. Hurley (New York, NY: Vintage, 1990), 99.

74 Noam Chomsky and Michel Foucault, 'Human Nature: Justice versus Power', http://www.chomsky.info/debates/1971xxxx.htm, accessed 10 October 2014, reprinted in *The Chomsky-Foucault Debate on Human Nature*, with a Foreword by John Rajchman (New York. NY: The New Press, 2006).

75 Armstrong, 'Bodies of Knowledge/Knowledge of Bodies'; Rose, 'Medicine, History and the Present', both in Colin Jones and Roy Porter (eds), *Reassessing Foucault: Power, Medicine and the Body* (London: Routledge, 1994), 17–27, 48–72. Rose's chapter is also one of the best introductions to Foucault in relation the history of medicine.

76 Clark, *History, Theory, Text*, 114–19.

77 Liza Long, *Rehabilitating Bodies: Health, History, and the American Civil War* (Philadelphia, PA: University of Pennsylvania Press, 2004).

78 *Discipline and Punish*, 25.

79 Catherine Gallagher and Thomas Laqueur (eds), *Making of the Modern Body: The Sexuality and Society in the Nineteenth Century* (Berkeley, CA: University of California Press, 1987), vi.

80 For criticism of the two-sex model, see Helen King, *The One-Sex Body on Trial: The Classical and Early Modern Evidence* (Farnham: Ashgate, 2013).

81 The 'New Historicism' was devoted to contextual readings of cultural and intellectual history through literary texts. It was not especially body-orientated, and its debts to Foucault were inclined more to his discussion of subjectivities and technologies of power (mechanism of repression and subjugation) than to biopower. See H. Aram Veeser (ed.), *The New Historicism* (London: Routledge, 1989).

82 Erin O'Connor, *Raw Material: Producing Pathology in Victorian Culture* (Durham, NC: Duke University Press, 2000), 214.

83 Laqueur and Gallagher's *Making of the Modern Body* first appeared in 1986 as a special issue of *Representations*.

84 'Why All the Fuss about the Body? A Medievalist's Perspective', *Critical Inquiry*, 22 (1995), 1–33. For a further review of those who shared this view, see Roger Cooter, 'The Turn of the Body' in Cooter with Stein, *Writing History*, 91–111.

85 See Gabrielle M. Spiegel, 'Introduction' to his edited volume *Practicing History: New Directions in Historical Writing after the Linguistic Turn* (New York, NY: Routledge, 2005), 68.
86 William Sewell, 'The Concept(s) of Culture', in Victoria E. Bonnell and Lynn Hunt (eds), *Beyond the Cultural Turn* (Berkeley, CA: University of California Press, 1999), 44, quoted in Spiegel, 'Introduction', 20.
87 Spiegel, 'Introduction', pp. 18, 17, 19; the quotation within the quote is from Richard Biernacki, 'Method and Metaphor after the New Cultural History' in Bonnell and Hunt, *Beyond the Cultural Turn*, 75.
88 Mark Jenner, 'Body, Image, Text in Early Modern Europe', *Social History of Medicine*, 12 (1999), 143–54.
89 See Roger Cooter, 'Neural Veils and the Will to Historical Critique: Why Historians of Science Need to Take the Neuro-turn Seriously,' *Isis*, 105 (2014), 145–54.
90 Melissa Gregg and Gregory J. Seigworth, 'An Inventory of Shimmers' in Melissa Gregg and Gregory J. Seigworth (eds), *The Affect Theory Reader* (Durham, NC: Duke University Press, 2010), 7.
91 The most noticeable omission is madness and psychiatry. We were dissuaded from this partly because of the enormity of the historical literature on it, the fact that there already exists collections of essays on it, and because it was more a focus of social history than postmodern cultural history.
92 Clarke et al., *Biomedicalization*.
93 Marc Berg and Annemarie Mol, 'Introduction', in Marc Berg and Annemarie Mol (eds), *Differences in Medicine: Unraveling Practices, Techniques and Bodies* (Durham, NC: Duke University Press, 1998), 3.
94 See Regula Valérie Burri and Joseph Dumit, 'Introduction' in Regula Valérie Burri and Joseph Dumit (eds), *Biomedicne as Culture: Instrumental Practices, Technoscientific Knowledge, and New Modes of Life* (London: Routledge, 2007).
95 Kara W. Swanson, *Banking on the Body: The Market in Blood, Milk and Sperm in Modern America* (Cambridge, MA: Harvard University Press, 2014).
96 As new 'readers' always testify; on biopolitics, see T. Campbell and A. Sitze (eds), *Biopolitics: A Reader* (Durham: Duke University Press, 2013); see also Paul Rabinow and Nikolas Rose, 'Biopower Today', *Biosocieties*, 1 (2006): 195–217; for the 'politics of life', see Rose, *Politics of Life Itself*.
97 Lorraine Daston and Peter Galison, *Objectivity* (New York, NY: Zone Books, 2007).

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GALEN AT THE BEDSIDE

The methods of a medical detective

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Source: W.F. Bynum and Roy Porter (eds), *Medicine and the Five Senses* (Cambridge: Cambridge University Press, 1993), pp. 7–16.

To begin a volume on the five senses in medicine with the Greeks needs no justification. The Western tradition of medical diagnosis depends very largely on principles first enunciated by them over two millennia ago, and it is only the technological revolution of this century that has brought about a substantial change in the methods of diagnosis. Although there were instruments for investigating some of the internal arrangements or malfunctions of the body even in classical antiquity—probes and, occasionally, an elaborate vaginal speculum[1]—what was taking place within the body could, in general, only be deduced from external phenomena, a situation that, in essence, remained true until the nineteenth century. Hence, an understanding of the condition of the sick patient could be gained only through a perception of the external 'happenings'—that is the direct translation of the Greek word 'symptom'—that, in some way or other, manifested themselves to the observer. How these perceptions were to be interpreted was a matter of considerable controversy among what later became known as the medical sects, but there was universal agreement on the supreme importance for diagnosis of what the doctor could perceive.[2]

But if this tradition can be traced directly back to the Greeks, it might be thought more appropriate to devote the first pages to the great Hippocrates. After all, it is in the *Epidemics* and in *Prognostic*, texts which were long presumed to have been written by the famous Coan physician himself, that one finds exemplary reports of detailed investigations of symptoms.[3] *Prognostic* contains a substantial list of symptoms that the doctor should note and which will enable him both to diagnose the past and to foretell the future course of an illness, both of which were subsumed under the same heading of prognosis.[4] *Epidemics*, by contrast, does not prescribe for the doctor what he should look for, or how he should interpret his findings, but is rather, so most Hippocratic scholars are agreed, the record of case notes collected by physicians during visits (*epidemiae*), notes presumably of what they thought most significant.[5] These notes, of which those in Books I and